

## ARIZONA STATE BOARD OF HEALTH

482

## 1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. ....

County Pima State Arizona  
 Township Agua Fria or Village Agua Fria  
 City Agua Fria No. New Cernelia Mines Hospital St. Ward 1  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 (If child is not yet named, make supplemental report, as directed)

2. Full name of child Donna Sue Guthrie

3. Sex Female 4. Twin, triplet, or other None 5. Number, in order of birth 1  
 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Feb - 21, 1935  
 (Month, day, year)

9. Full name James Dokie Guthrie FATHER  
 10. Residence (usual place of abode) Agua Fria  
 (If non-resident, give place and State)  
 11. Color or race White 12. Age at last birthday 23 (Years)

13. Birthplace (city or place) Oklahoma  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Machine Shop  
 16. Date (month and year) last engaged in this work at present, 1935  
 17. Total time (years) spent in this work 10 mo

18. Full maiden name Hattie Louise Johnson MOTHER  
 19. Residence (usual place of abode) Agua Fria  
 (If non-resident, give place and State)  
 20. Color or race White 21. Age at last birthday 17 (Years)  
 22. Birthplace (city or place) Douglas  
 (State or country) Ariz

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
 25. Date (month and year) last engaged in this work at present, 1935  
 26. Total time (years) spent in this work 10 mo

27. Number of children of this mother: (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth Before labor  
During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive m. on the date above stated  
 (born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) J. A. Ochock, M.D.  
 or Midwife

Given named added from a supplemental report Katheryne Wood  
 Registrar.

Address 1319 1/2 N. 1st St.  
 Filed Mar 13 1935 Katheryne Wood  
 Registrar.

475-221-815